

State of Tennessee
Department of Commerce & Insurance
Division of Consumer Affairs

RENEWAL APPLICATION
Debt-Management Services Provider License

Only applicants with **complete** applications are eligible for consideration. You may attach additional pages as necessary. Please type or print clearly in ink. Illegible applications will not be accepted.

NOTE: All information and documentation must be submitted concurrently. Applications must be complete before they are submitted for consideration. Incomplete applications may be denied or returned to the applicant. Send the completed application to the **Division of Consumer Affairs, Department of Commerce & Insurance, 500 James Robertson Parkway, Nashville, TN 37243.**

Part I. Fee.

A **renewal application** is not complete unless you send the nonrefundable fee in the **amount of two thousand dollars (\$2,000.00)**. Checks should be made payable to the Department of Commerce & Insurance.

Part II. Information.

An application is not complete unless you have filled in all the blanks. If you do not have the information requested (for example, if you do not have a web address), write "not applicable" or "N/A" in the blank. The words "you" and "your" refers to the business entity making the application. **Renewal applicants must provide updated information on all application questions since initial registration filing or immediately previous application for renewal.**

NOTE: Except as specifically designated herein by an asterisk (*), the information provided is available to the public.

1. Name of applicant: _____
2. Applicant is a(n): ____ Corporation; ____ Unincorporated Association; ____ Partnership; ____ Limited Liability Company; ____ Limited Liability Partnership; ____ Sole Proprietorship; or ____ Other – specify:

3. Applicant's business is a: ____ For-Profit Enterprise ____ Not-for Profit Enterprise

4. Principal place of business: _____

5. Business telephone number(s): _____

6. All business locations in Tennessee: _____

7. Electronic mail address: _____

8. Internet website address: _____

9. Name and address of your registered agent in Tennessee: _____

10. Name, toll free telephone number, and electronic mail address of principal contact for consumer complaints:

11. All names under which the applicant conducts business:

12. The address of each location in Tennessee where the applicant will provide debt-management services **or** check the statement that the applicant “will have no location in Tennessee”:

☐ Applicant will have no location in Tennessee.

13. The identity of each director who is an ‘affiliate’ of the applicant as defined in Tenn. Code Ann. § 47-18 5502:

14. The name and home address* of each officer, director, and owner of ten percent (10%) of the debt-management business:

15. A description of any ownership interest of at least ten percent (10%) by a director, owner, or employee of the applicant in

(A) Any ‘affiliate’ as defined in the licensing law _____

or

(B) Any entity that provides products or services to the applicant or any individual relating to the applicant's debt management services:

16. Identify any agent of the applicant that provides debt management services to applicant's clients residing in Tennessee and identify those services:

17. The names, addresses and phone numbers of the employers of each director during the ten (10) years preceding the application. [Applicant may attach a resume that contains the required information and incorporate by reference]:

18. Identify every jurisdiction where the applicant, officer, or director has been licensed or registered to provide debt-management services in the last five (5) years **or** where consumers of applicant's debt management services have resided:

19. Identify any state in which applicant has been denied a license to provide debt management services.

20. Provide a description of any material civil or criminal judgment or litigation, and any material administrative or enforcement action by a governmental agency, against the applicant, any officer, director, owner, agent or person with access to the required trust account:

21. ***IF** the applicant is a 'not-for-profit' entity or has tax-exempt status under 26 U.S.C. 501, provide a statement of the amount of compensation of the applicant's five (5) most highly compensated employees for each of the three years (3) preceding the application or the length of time applicant has provided debt-management services, whichever is shorter.

22. If the applicant has tax-exempt status under 26 U.S.C. 501, provide proof of tax-exempt status.

23. With respect to the trust accounts the applicant has established for the purpose of holding clients' money identify all trust accounts including the following information:

Name on the account: _____

Location of the account: _____

The account number: _____

The dollar value: _____

24. Identify each person who has access to each trust account along with their address, title, and a background history check.

25. Name and address of each corporate person that owns an interest or is otherwise affiliated with or controls, directs, or influences the operations of the applicant; and
26. Name and address of each corporate person in which the applicant owns an interest or is otherwise affiliated with or whose operations are controlled, directed, or influenced by the applicant; and
27. The names and addresses of all employers of each of the applicant's directors during the immediately preceding ten (10) years; and
28. The names, addresses, and amounts of compensation for the five (5) most highly compensated employees for each of the three (3) years immediately preceding the application, or the period of the applicant's existence if less than three (3) years, if the applicant meets any of the criteria outlined in § T.C.A. 47-185506(17); and
29. An applicant or registrant shall inform the Division in writing within ten (10) days of receipt of notice and provide a copy of:
- (a) Any indictment or information filed in any court of competent jurisdiction naming the applicant or registrant, any affiliate, partner, officer, director, owner, or agent of the applicant or registrant or any person occupying a similar status with or performing similar functions for the applicant or registrant, alleging the commission of any felony regardless of subject matter, or of any misdemeanor involving a security or any aspect of the debt-management services business.
 - (b) Any complaint filed in any court of competent jurisdiction naming the applicant or registrant, any affiliate, partner, officer, director, owner, or agent, or any person occupying a similar status with or performing similar functions for the applicant or registrant, seeking a permanent or temporary injunction enjoining any of such person's conduct or practice involving any aspect of the debt-management services business; and
 - (c) Any complaint or order filed by a federal or state regulatory agency or the United States Post Office naming the applicant or registrant, any affiliate, partner, officer, director, owner or agent, or any person occupying a similar status with or performing a similar function for the applicant or registrant, related to the debt-management services business.
 - (d) Within ten (10) days of receipt, an applicant or registrant shall file with the Division a copy of any answer, response, or reply to any complaint, indictment, or information described in subparts (a) through (c) above.

Part III. Enclose the following documents.

An application is not complete and cannot be reviewed until the following documents are received:

1. Financial statement audited by a Certified Public Accountant for the preceding fiscal year. .
2. A surety bond in the amount of Fifty Thousand Dollars (**\$50,000**), using the form provided herewith, with a surety authorized to transact business in Tennessee unless a higher amount is deemed necessary by the Department of Commerce & Insurance or an irrevocable letter of credit acceptable to the Department of Commerce & Insurance.
3. Evidence of insurance in the amount of Two Hundred and Fifty Thousand Dollars (**\$250,000**) against the risks of dishonesty, fraud, theft, and other misconduct by a director, employee or agent of the applicant with no greater than Five Thousand Dollars (**\$5,000**) deductible. The insurer shall be licensed in Tennessee and shall have a current rating of at least "A" by a nationally recognized rating organization. The Department of Commerce & Insurance shall appear on the policy as an interested party entitled to notice of cancellation.
4. If the applicant has trust accounts, an irrevocable consent authorizing the Department of Commerce & Insurance, or designee, to review and examine the trust accounts identified herein.

5. Evidence of accreditation by an independent accrediting organization approved by the Department of Commerce & Insurance.
6. A description of the three most common educational programs provided for Tennessee residents and a copy of the educational materials.
7. Documentation of certification by a *bona fide* third-party certification provider approved by the Department of Commerce & Insurance for each certified counselor **or** a statement that such documentation will be provided within 12 months of employment.
8. A description of the financial analysis and initial budget plan, including any form or electronic model, used to evaluate the financial condition of individuals.
9. A copy of each form of proposed debt management plan agreement used with Tennessee consumers as required in Tenn. Code Ann. § 47-18-5519 and the notice of right to cancel as provided in Tenn. Code Ann. § 47-18-5520.
10. If the internet is a component of a counseling session, provide a copy of all computer screens viewed by the consumer.
11. A schedule of fees (including voluntary donations) for all services to be offered to Tennessee consumers. Include initial and recurring fees for services and materials.
12. Proof of 'good standing' from the state in which the applicant is chartered or organized.
13. The total amount of money received pursuant to debt-management plans during the preceding twelve (12) months from or on behalf of individuals who reside in this state and the total amount of money distributed to creditors of those individuals during that period.
14. The gross amount of money accumulated during the preceding twelve (12) months pursuant to debt-management plans by or on behalf of individuals who reside in this state and with whom the applicant has agreements.

Part IV. Trust Accounts

1. An applicant or registrant shall provide irrevocable consent to authority of the Administrator to review and examine all trust accounts.

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned _____ (a corporation), (a partnership) organized under the laws of _____ or (an individual) [strike out inapplicable nomenclature] for purposes of complying with the laws of the State of Tennessee relating to the provision of debt management services, irrevocably consents that the Commissioner of Commerce and Insurance, so designated hereunder and his/her successors, its attorney in the State of Tennessee; may review and examine all trust accounts maintained by the Applicant.

Part V. Criminal Records Check

Your application cannot be processed until a current complete criminal records check has been received for each officer and each employee or agent who has access to the trust account.

A criminal records check obtained for the purpose of doing business in any state, that was issued within the last twelve (12) months and based on the fingerprints of the officer or person with access to the trust account, satisfies this requirement if the criminal records check is provided to this office by the licensing state as a certified business record and received by that state from a central repository. The sworn criminal-history records check including fingerprints, must be submitted directly from the criminal-history records check provider to the Division of Consumer Affairs at the applicant's expense. The criminal-history records check is to cover every officer of the applicant and every employee or agent of the applicant who is authorized to have access to the trust account required by Tenn. Code Ann. § 47-18-5522.

AFFIDAVIT

State of _____ County of _____

I, the undersigned, swear or affirm that:

1. I have carefully read this Application for a Debt Management Services License, including all attachments and forms. The information contained herein is the product of a diligent and reasonable investigation and is true, accurate and complete to the best of my information and belief;
2. All changes information contained in the initial application for registration or the immediately previous renewal application have been disclosed.
3. I am a high managerial agent of the Applicant acting with the authority of the Applicant; and
4. I understand that if I intentionally made a false statement in this application, or if someone else made a false statement that I know or believe to be false, I may be subject to criminal prosecution.

_____ Signature of Affiant

_____ Print Name of Affiant

_____ Title

Sworn or affirmed and subscribed to before me this _____ of _____,
20____.

_____ Notary Public

SEAL My commission expires: _____

Part VI. Consent to Service of Process

1. An applicant or registrant shall consent to jurisdiction of the State of Tennessee and venue in Davidson County, Tennessee.

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned _____ (a corporation), (a partnership) organized under the laws of _____ or (an individual) [strike out inapplicable nomenclature] for purposes of complying with the laws of the State of Tennessee relating to the provision of debt management services, irrevocably appoints the Commissioner of Commerce and Insurance, so designated hereunder and his/her successors, its attorney in the State of Tennessee; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State of Tennessee by service of process upon the Commissioner of Commerce and Insurance as if the undersigned was organized or created under the laws of the State of Tennessee and have been served lawfully with process in the State of Tennessee.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

(Name)

(Address)

Dated this _____ day of _____, 20 ____
(SEAL)

By _____

CORPORATE ACKNOWLEDGMENT

State or Province of _____)
County of _____) ss.

On this _____ day of _____, 20____ before me _____ the undersigned officer, personally
appeared _____ known personally to me to be the _____ of the Above named

(Title)

corporation and acknowledged that he, as officer being authorized so to do, executed the foregoing instrument for the
purposes therein contained, by signing the name of the corporation by himself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

_____ Notary Public/Commissioner of Oath.
My commission expires: _____

(Seal)